

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INTERNATIONAL PROGRAMS FOREIGN PLANT REVIEW FORM	REVIEW DATE 11-12-00	ESTABLISHMENT NO. AND NAME Est. 22, Godi hf	CITY Hvammstangi COUNTRY Iceland
NAME OF REVIEWER Dr. Hussain Magsi	NAME OF FOREIGN OFFICIAL Dr. S.O. Hansson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable

CODES (Give an appropriate code for each review item listed below)
 A = Acceptable M = Marginally Acceptable U = Unacceptable N = Not Reviewed O = Does not apply

1. CONTAMINATION CONTROL	Cross contamination prevention	28 A	Formulations	55 O
(a) BASIC ESTABLISHMENT FACILITIES	Equipment Sanitizing	29 A	Packaging materials	56 A
Water potability records	Product handling and storage	30 U	Laboratory confirmation	57 A
Chlorination procedures	Product reconditioning	31 A	Label approvals	58 O
Back siphonage prevention	Product transportation	32 A	Special label claims	59 O
Hand washing facilities	(d) ESTABLISHMENT SANITATION PROGRAM		Inspector monitoring	60 O
Sanitizers	Effective maintenance program	33 A	Processing schedules	61 O
Establishments separation	Preoperational sanitation	34 A	Processing equipment	62 O
Pest --no evidence	Operational sanitation	35 A	Processing records	63 O
Pest control program	Waste disposal	36 A	Empty can inspection	64 O
Pest control monitoring	2. DISEASE CONTROL		Filling procedures	65 O
Temperature control	Animal identification	37 A	Container closure exam	66 O
Lighting	Antemortem inspec. procedures	38 A	Interim container handling	67 O
Operations work space	Antemortem dispositions	39 A	Post-processing handling	68 O
Inspector work space	Humane Slaughter	40 A	Incubation procedures	69 O
Ventilation	Postmortem inspec. procedures	41 A	Process. defect actions -- plant	70 O
Facilities approval	Postmortem dispositions	42 A	Processing control -- inspection	71 O
Equipment approval	Condemned product control	43 A	5. COMPLIANCE/ECON. FRAUD CONTROL	
(b) CONDITION OF FACILITIES EQUIPMENT	Restricted product control	44 A	Export product identification	72 A
Over-product ceilings	Returned and rework product	45 A	Inspector verification	73 A
Over-product equipment	3. RESIDUE CONTROL		Export certificates	74 A
Product contact equipment	Residue program compliance	46 A	Single standard	75 A
Other product areas (inside)	Sampling procedures	47 A	Inspection supervision	76 A
Dry storage areas	Residue reporting procedures	48 A	Control of security items	77 A
Antemortem facilities	Approval of chemicals, etc.	49 A	Shipment security	78 A
Welfare facilities	Storage and use of chemicals	50 A	Species verification	79 A
Outside premises	4. PROCESSED PRODUCT CONTROL		"Equal to" status	80 A
(c) PRODUCT PROTECTION & HANDLING	Pre-boning trim	51 A	Imports	81 O
Personal dress and habits	Boneless meat reinspection	52 A		
Personal hygiene practices	Ingredients identification	53 O		
Sanitary dressing procedures	Control of restricted ingredients	54 O		

FOREIGN PLANT REVIEW FORM (reverse)	REVIEW DATE	ESTABLISHMENT NO. AND NAME	CITY
	11-12-00	Est. 22, Godi hf	Hvammstangi
			COUNTRY
			Iceland
NAME OF REVIEWER	NAME OF FOREIGN OFFICIAL	EVALUATION	
Dr. Hussain Magsi	Dr. S.O. Hansson	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable	

COMMENTS:

30. FROZEN PRODUCT STORED IN CONTACT WITH FLOORS, CEILINGS AND/OR WALLS. INSPECTION SERVICE TOOK CORRECTIVE ACTION.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INTERNATIONAL PROGRAMS		REVIEW DATE	ESTABLISHMENT NO. AND NAME	CITY	
FOREIGN PLANT REVIEW FORM		10-13-00	EST. 23, Solufelag A	Hunventinga	
				COUNTRY Iceland	
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Dr. S.O.Hansson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/Re-review <input type="checkbox"/> Unacceptable	
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1. CONTAMINATION CONTROL		Cross contamination prevention	28 A	Formulations	55 A
(a) BASIC ESTABLISHMENT FACILITIES		Equipment Sanitizing	29 A	Packaging materials	56 A
Water potability records	01 A	Product handling and storage	30 U	Laboratory confirmation	57 O
Chlorination procedures	02 A	Product reconditioning	31 A	Label approvals	58 A
Back siphonage prevention	03 A	Product transportation	32 A	Special label claims	59 O
Hand washing facilities	04 A	(d) ESTABLISHMENT SANITATION PROGRAM		Inspector monitoring	60 O
Sanitizers	05 A	Effective maintenance program	33 A	Processing schedules	61 O
Establishments separation	06 A	Preoperational sanitation	34 A	Processing equipment	62 O
Pest --no evidence	07 A	Operational sanitation	35 A	Processing records	63 O
Pest control program	08 A	Waste disposal	36 A	Empty can inspection	64 O
Pest control monitoring	09 A	2. DISEASE CONTROL		Filing procedures	65 O
Temperature control	10 A	Animal identification	37 A	Container closure exam	66 O
Lighting	11 A	Antemortem inspec. procedures	38 A	Interim container handling	67 O
Operations work space	12 A	Antemortem dispositions	39 A	Post-processing handling	68 O
Inspector work space	13 A	Humane Slaughter	40 A	Incubation procedures	69 O
Ventilation	14 A	Postmortem inspec. procedures	41 A	Process. defect actions -- plant	70 O
Facilities approval	15 A	Postmortem dispositions	42 A	Processing control -- inspection	71 O
Equipment approval	16 A	Condemned product control	43 A	5. COMPLIANCE/ECON. FRAUD CONTROL	
(b) CONDITION OF FACILITIES EQUIPMENT		Restricted product control	44 A	Export product identification	72 A
Over-product ceilings	17 M	Returned and rework product	45 N	Inspector verification	73 A
Over-product equipment	18 A	3. RESIDUE CONTROL		Export certificates	74 A
Product contact equipment	19 A	Residue program compliance	46 A	Single standard	75 A
Other product areas (inside)	20 A	Sampling procedures	47 A	Inspection supervision	76 A
Dry storage areas	21 A	Residue reporting procedures	48 A	Control of security items	77 A
Antemortem facilities	22 A	Approval of chemicals, etc.	49 A	Shipment security	78 A
Welfare facilities	23 A	Storage and use of chemicals	50 A	Species verification	79 A
Outside premises	24 A	4. PROCESSED PRODUCT CONTROL		"Equal to" status	80 A
(c) PRODUCT PROTECTION & HANDLING		Pre-boning trim	51 M	Imports	81 O
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Personal hygiene practices	26 A	Ingredients identification	53 O		
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FOREIGN PLANT REVIEW FORM (reverse)	REVIEW DATE 10-13-00	ESTABLISHMENT NO. AND NAME EST. 23, Solufelag A	CITY Hunventinga
			COUNTRY Iceland
NAME OF REVIEWER Dr. H. Magsi	NAME OF FOREIGN OFFICIAL Dr. S.O.Hansson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable

COMMENTS:

30. FROZEN PRODUCT STORED IN CONTACT WITH FLOORS, CEILINGS, AND/OR WALLS. INSPECTION SERVICE INITIATED IMMEDIATE CORRECTIVE ACTION.

51. INADEQUATE PRE-TRIM OF CARCASSES. INSPECTION SERVICE WITHHELD ALL PRODUCT, AND INITIATED REINSPECTION AND CORRECTIVE ACTION.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INTERNATIONAL PROGRAMS		REVIEW DATE	ESTABLISHMENT NO. AND NAME		CITY	
FOREIGN PLANT REVIEW FORM		10-11-00	EST. 31, Norolenska		HUSAVIK	
					COUNTRY	
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Dr. H. Runolfsson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/Re-review <input type="checkbox"/> Unacceptable		
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			COUNTRY ICELAND
NAME OF REVIEWER Dr. H. Magsi	NAME OF FOREIGN OFFICIAL Dr. H. Runolfsson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable

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FOREIGN PLANT REVIEW FORM		10-10-00	EST. 40, Godi hf	HORNAFJORDUR	
					COUNTRY ICELAND
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Dr. S.O. Hansson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/Re-review <input type="checkbox"/> Unacceptable	
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			COUNTRY ICELAND
NAME OF REVIEWER Dr. H. Magsi	NAME OF FOREIGN OFFICIAL Dr. S.O. Hansson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable

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FOREIGN PLANT REVIEW FORM		10-16-00	EST. 81, Slaturfelag Sououreland	Selfoss	
					COUNTRY Iceland
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Drs. S.O. Hansson, and Katrin Andress'r		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable	
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			COUNTRY
			Iceland
NAME OF REVIEWER	NAME OF FOREIGN OFFICIAL	EVALUATION	
Dr. H. Magsi	Drs. S.O. Hansson, and Katrin Andress'r	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/Re-review <input type="checkbox"/> Unacceptable	

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